## LAFAYETTE CONSOLIDATED GOVERNMENT CIVIL SERVICE SYSTEM 705 WEST UNIVERSITY AVE P.O. BOX 4017-C LAFAYETTE, LA 70502 (337) 291-8330

#### TO FILE AN APPLICATION:

Only the first 80 applications received before the deadline will be accepted. Only U.S. citizens registered to vote and non-citizens authorized to work in the U.S. by the Citizenship and Immigration Services (formerly the U.S. Immigration and Naturalization Services) are eligible to be considered for hiring by the Lafayette Consolidated Government. The deadline may be found in the top right hand corner on the front of the application. Applications will not be accepted after the posted deadline. Applications must also include an original signature. Residents who live in the Lafayette area must turn-in their applications at the Civil Service office. If you live outside the Lafayette area, a copy of the required information must accompany the application before it is accepted. In order for an application to be accepted, the following items are required at the time the application is turned in.

- 1. Proof of voter registration from the parish in which the applicant resides. This may be obtained from the courthouse in the parish in which you reside.
- 2. Proof of social security number. If you do not have your SS card, your driver's license or anything with your number **printed** on it will be accepted.

The following item may be turned in at any time **before** the test is given

3. Proof of veteran status; DD214. You must show proof of having served 90 consecutive days of active duty and show proof that you were honorably discharged. Any one showing proof will be awarded five points to a passing grade.

If you have any questions, please feel free to contact our office at 337-291-8330.

| I CG | <b>FORM</b> | #007 | 7/03\  |
|------|-------------|------|--------|
| LUG  | FURIN       | #001 | 17/031 |

| DEADLINE:First | Including Up To | City - Parish Employees    | Received Refore: | Noon   |
|----------------|-----------------|----------------------------|------------------|--------|
| DEADLINE.FIISt | including up to | City - Parisii Ellipioyees | Received before. | 140011 |

### LAFAYETTE CONSOLIDATED GOVERNMENT

NOTICE: Resumes will not be accepted in lieu of this completed form. CIVIL SERVICE SYSTEM
705 WEST UNIVERSITY AVENUE
P.O. BOX 4017-C
LAFAYETTE, LOUISIANA 70502
(337) 291-8330

# APPLICATION FOR EMPLOYMENT

Fill out this application on typewriter or print in ink. To avoid delay in processing please give complete and accurate information.

|  | THE FOLLOWING IS NECESSARY TO NOTIFY  | YOU  | OF EX                       | AMINATION  | RESULTS A   | ND/OR INTER   | VIEWS ON  | ILY.  |  |
|--|---|------|-----------------------------|--|---|---------------|-----------|-------|--|
| 1.   | Position applied for:   |      |                             |  |   |               |           |       |  |
| 2.   |   |      |                             |  |   |               |           |       |  |
|  | LAST  |      |                             | FIRST MIDDLE   |   |               |           |       |  |
| 3.   | 3. Mailing Address:Number   |      |                             | Street   |   | An            | artment N | umber |  |
|  |   |      |                             |  |   |               |           |       |  |
|  | City  |      |                             | State  |   | ZIţ           | Code      |       |  |
| 4.   | Phone: Home # W   | ork# |                             | DO NOT WRITE IN THIS SPACE   |   |               | SPACE     |       |  |
|  |   |      |                             |  | VP  | RE            |           |       |  |
| 5.   | Social Security Number:   |      |                             |  | _ RV  | SS            |           |       |  |
|  | SWER THE FOLLOWING QUESTIONS BY<br>ACING AN "X" UNDER "YES" or "NO"   | YES  | NO                          |  |   | CIAL QUALIFIC |           |       |  |
| 6.   | Are you a citizen of the United States?   |      |                             |  |   |               |           |       |  |
| 7. If not a citizen of the United States, are you a registered alien with government permission to work in this country?           |   |      |                             | te<br>ex   | If you have a disability and require some testing assistance, (e.g. enlarged print, etc.) explain on separate sheet of paper and advis Civil Service staff before the test. |               |           |       |  |
| Are you a registered voter of the City or Parish in which you reside?  |   |      |                             |  | List any licenses, certifications or other professional registrations.  |               |           | r     |  |
| 9.   | Have you in the past worked, full-time or part-time for the former Lafayette City Government? If yes, state which department.   | ,    | professional registrations. |  |   |               |           |       |  |
| 10.  | Have you in the past worked, full-time or part-time for the former Lafayette Parish Government? If yes, state which department.   | ,    |                             | _  |   |               |           |       |  |
| 11. Have you previously worked, full-time or part-time, for the Lafayette Consolidated Government? If yes, state which department. |   | ,    |                             | ar   | If you are applying for clerical work, answer the following:  |               |           |       |  |
| 12.  | Do you currently work for the Lafayette Consolidated Government? If yes, state which department.  |      |                             |  | Are you trained or experienced in the following skills:  Typing Yes □ No □  |               |           |       |  |
| 13.  | Within the past 5 years have you been discharged from a position because your work or conduct was unsatisfactory? If yes, explain in item #24 on back.  |      |                             | Shorthand Yes I No  List any office machines which you are skilled in operating. |   |               |           |       |  |
| 14.  | May inquiry be made of your present and/or past employer concerning your work record, qualifications, etc.?   |      |                             | Di<br>Co   | Yes   | No            |           |       |  |
| 15.  | Have you ever been CONVICTED, PLACED ON PROBATION, OR A SUSPENDED SENTENCE, for an offense other than minor traffic violations? (Convictions are not necessarily a bar to employment). If yes, explain in Item #25 on back. |      |                             | Ke<br>Pe   | alculator<br>ey Punch Ma<br>ersonal Com<br>st any other   | puter         |           |       |  |

| Place: to   |
|---|
| Name of Employer: Address: Phone # Kind of Business or Organization: Was this a Supervisory Position? Name and Title of Your Immediate Supervisor: Reasonfor Leaving:  2) NEXT PREVIOUS POSITION Place: From                                  |
| Name of Employer: Address: Phone # Kind of Business or Organization: Was this a Supervisory Position? Name and Title of Your Immediate Supervisor: Reasonfor Leaving:  2) NEXT PREVIOUS POSITION Place:                                       |
| Address:  Phone # Kind of Business or Organization:  Was this a Supervisory Position? Name and Title of Your Immediate Supervisor: Reasonfor Leaving:  2) NEXT PREVIOUS POSITION  Place:  |
| Phone # Kind of Business or Organization:  Was this a Supervisory Position? Name and Title of Your Immediate Supervisor: Reasonfor Leaving:  2) NEXT PREVIOUS POSITION Place: Exact Title of Your Position:                                   |
| Kind of Business or Organization:  Was this a Supervisory Position?  Name and Title of Your Immediate Supervisor:  Reasonfor Leaving:  2) NEXT PREVIOUS POSITION  Place:  |
| Was this a Supervisory Position?  Name and Title of Your Immediate Supervisor:  Reasonfor Leaving:  2) NEXT PREVIOUS POSITION  Place: to  |
| Name and Title of Your Immediate Supervisor:  Reasonfor Leaving:  2) NEXT PREVIOUS POSITION  Place: to  |
| Reason for Leaving:  2) NEXT PREVIOUS POSITION  Place:  |
| 2) NEXT PREVIOUS POSITION  Place:   |
| Place: Exact Title of Your Position: Per, Final \$  |
| From,,  |
| Name of Employer:  Address:  Phone #  Kind of Business or Organization:  Was this a Supervisory Position?  Name and Title of Your Immediate Supervisor:  Reasonfor Leaving:  3) NEXT PREVIOUS POSITION  Place: Exact Title of Your Position:  |
| Name of Employer:  Address:  Phone #  Kind of Business or Organization:  Was this a Supervisory Position?  Name and Title of Your Immediate Supervisor:  Reason for Leaving:  3) NEXT PREVIOUS POSITION  Place: Exact Title of Your Position: |
| Address:  Phone #  Kind of Business or Organization:  Was this a Supervisory Position?  Name and Title of Your Immediate Supervisor:  Reason for Leaving:  3) NEXT PREVIOUS POSITION  Place: Exact Title of Your Position:                    |
| Phone #  Kind of Business or Organization:  Was this a Supervisory Position?  Name and Title of Your Immediate Supervisor:  Reasonfor Leaving:  3) NEXT PREVIOUS POSITION  Place:   |
| Kind of Business or Organization:  Was this a Supervisory Position?  Name and Title of Your Immediate Supervisor:  Reason for Leaving:  3) NEXT PREVIOUS POSITION  Place: Exact Title of Your Position:                                       |
| Was this a Supervisory Position?  Name and Title of Your Immediate Supervisor:  Reason for Leaving:  3) NEXT PREVIOUS POSITION  Place: Exact Title of Your Position:  |
| Name and Title of Your Immediate Supervisor:  Reason for Leaving:  3) NEXT PREVIOUS POSITION  Place: Exact Title of Your Position:  |
| Reasonfor Leaving:  3) NEXT PREVIOUS POSITION  Place: Exact Title of Your Position:   |
| 3) NEXT PREVIOUS POSITION  Place: Exact Title of Your Position:   |
| Place: Exact Title of Your Position:  |
|   |
| From Salary Starting \$ per Final \$  |
| Month Yr. Month Yr.   |
| Duties and Responsibilities:  |
| Name of Employer:   |
| Address:  |
| Phone #   |
| Kind of Business or Organization:   |
| Was this a Supervisory Position?  |
| Name and Title of Your Immediate Supervisor:  |
| Reason for Leaving:   |
| 22. List volunteer experience here:   |
|   |
|   |
|   |
|   |

Class Code: 4104 **Revised: 2-24-97** 

#### **EQUIPMENT OPERATOR IV**

#### PURPOSE AND NATURE OF WORK

This is skilled work in the operation of heavy, complex, construction equipment. Employees of this class may be required to operate more than one piece of heavy equipment depending upon the needs of the assigned job. Employees may work along city streets or in hazardous situations which require the exercise of skill and care in handling the equipment. The operator may also supervise the members of a crew to insure that work schedules are maintained. Work is performed under the general supervision in accordance with established procedures and practices. However, special and more complex assignments receive direct supervision or specific and detailed instructions.

Work of this class is distinguished from that of Equipment Operator III by the type of equipment operated, the skill level required by the job assignment, and the frequency of operation of the assigned

equipment.

ILLUSTRATIVE EXAMPLES OF WORK (Note: These examples are intended only to illustrate the various types of work performed by incumbents in this class. All of the duties performed by any one incumbent may not be listed, nor does any incumbent necessarily perform all of these duties.)

Operates a bulldozer, dragline, motor grader, large crane, gradall, backhoe, asphalt-patching truck, vacuum basin cleaner with high pressure sewer cleaner, and/or hydraulic flusher truck in the construction, maintenance, and repair of utilities, public works, and recreation projects.

Grades parks, roads, roadsides, etc. using a motor grader. Operates a large crane to remove debris from ditches and concrete-lined coulees; hoists small tracts into concrete-lined coulees to help clear debris. Operates a gradall to clean and dig drainage ditches; sets slops and grades; helps install subsurface drainage lines. Drives and operates a vacuum inductor sludge truck. Operates a backhoe on a full time basis in the construction and maintenance of water or sewer lines. Operates an asphalt-patching truck in the repair of potholes on city streets. Services, cleans, and makes minor adjustments and repairs to the assigned equipment.

Performs related work as required.

#### **NECESSARY KNOWLEDGES, ABILITIES, AND SKILLS**

Thorough knowledge of the operation and maintenance of assigned equipment.

Thorough knowledge of the occupational hazards of the work and of necessary safety precautions for the safe operation of assigned equipment.

Knowledge of the traffic laws, ordinances, and regulations applicable to the operation of assigned equipment.

Ability to understand and follow moderately complex oral and written instructions.

Ability to identify operating deficiencies and defects, to determine necessary corrective measures, and to make minor repairs and service to assigned equipment.

Skill in the operation of assigned equipment.

#### DESIRABLE TRAINING AND EXPERIENCE

Graduation from high school and experience in the operation of heavy construction equipment similar to those types listed herein, including some experience in precision work; or any equivalent combination of training and experience.

#### NECESSARY SPECIAL REQUIREMENT (Depending upon area of assignment)

- 1. Possession of the appropriate class commercial driver's license as issued by the State of Louisiana.
- Obtain a Class III, Level C, Solid Waste Disposal System Operator Certification as 2. issued by the Louisiana Department of Environmental Quality within 2 years after appointment. (Sludge Truck Operator Only.)

#### **RECRUITING INFORMATION**

The following information does not become part of your application for employment. Your answers will neither help nor hinder your chance for employment with the Lafayette Consolidated Government. They do, however, help us to assess our recruiting efforts, as well as to monitor the progress of our Equal Employment Opportunity Program. Therefore, we ask your cooperation in providing the following information. Thank you.

| 1.   | DATE OF APP                 | LICATION:  |                       |                             |                |  |
|--|-----------------------------|--|-----------------------|-----------------------------|----------------|--|
|  |                             |  | month                 | day                         | year           |  |
| 2.   | NAME:                       | last   |                       | first                       | middle initial |  |
| 3.   | SOCIAL SECU                 |  |                       |                             | middle ilitidi |  |
|  | BIRTH DATE                  |  |                       |                             |                |  |
| ٠.   | BII(IIIB)(IE                | •  | month                 | day                         | year           |  |
| 5.   | JOB APPLIED                 | FOR:   |                       |                             |                |  |
| 6.   | S. SEX (Please Check): Male |  |                       |                             |                |  |
|  |                             |  | Female                |                             |                |  |
| 7.   | HOW DO YOU<br>PLEASE CHE    |  | YOURSELF INTERI       | MS OF THE FOLLOWING         | GROUP?         |  |
|  | A.                          | American I   | ndian (including Aleu | ts and Eskimos)             |                |  |
| B. Black/African-American/African            |                             |  |                       |                             |                |  |
| C. White/Caucasian/European/Middle Easterner |                             |  |                       |                             |                |  |
|  | D.                          | D. Hispanic/Chicano/Puerto Rican/Mexican American/Latin American |                       |                             |                |  |
|  | E.                          | E. Oriental/Asian American/Pacific Islander                      |                       |                             |                |  |
|  | F.                          | Disabled a   | s defined by the Ame  | ricans with Disabilities Ac | t              |  |
| 8.   | HOW DID YOU                 | HEAR ABO   | OUTTHE JOB FOR V      | VHICHYOU APPLIED? P         | LEASE CHECK.   |  |
|  | A.                          | Lafayette D  | Daily Advertiser      |                             |                |  |
|  | B.                          | Out-of-town  | n newspaper           |                             |                |  |
|  | C.                          | Profession   | al journal            |                             |                |  |
|  | D.                          | Radio  |                       |                             |                |  |
|  | E.                          | Civil Service  | ce bulletin board     |                             |                |  |
|  | F.                          | Present cit  | y-parish employee     |                             |                |  |
|  | G.                          | University   | Placement Office      |                             |                |  |
|  | H.                          | Louisiana  | State Employment Of   | fice                        |                |  |
|  | 1.                          | Other  |                       |                             |                |  |

# LAFAYETTE CONSOLIDATED GOVERNMENT NOTICE TO APPLICANTS PRE-EMPLOYMENT DRUG TESTING

The LAFAYETTE CONSOLIDATED GOVERNMENT has a policy prohibiting the possession, distribution, use, consumption, or being under the influence of, alcohol or illegal or unauthorized drugs or other unauthorized, controlled substances, in order to provide a safe and healthful environment for employees, visitors and members of the general public. Therefore, those applicants selected for employment with the LAFAYETTE CONSOLIDATED GOVERNMENT will be required to submit to a urine drug screen test and shall be dropped from consideration of employment if the testing results indicate a detectable amount of illegal or unauthorized substances or an alcohol level in excess of 0.04.

Individuals who have been disqualified due to positive test results shall be ineligible to reapply for work with the LAFAYETTE CONSOLIDATED GOVERNMENT for a period of two years after having been dropped from consideration. Upon reapplication, those applicants must show proof of their completion of a reasonable drug and alcohol treatment or counseling program.